Overpayment Recovery Questionnaire

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Name of Overpaid Person	Black Lung Claim No.	OMB No.: 1215-0144 Expires: 10-31-03
Name of Claimant	FECA Claim No.	

Persons are not required to respond to this collection of information unless it displays a currently valid OMB number.

Privacy Act Notice

When an overpayment occurs, the U.S. Department of Labor (DOL) is required by law to recover such amount unless recovery of the overpayment may be waived in full or in part. Recovery of an overpayment may be waived if the overpaid individual is without fault in connection with the overpayment and recovery would deprive that person of income necessary to meet ordinary living expenses or would otherwise be unfair. The request for information in this form is authorized by law and is necessary to assist DOL in making the waiver determination. If DOL cannot waive recovery of the overpayment, the financial information in this form will be important to establish the recovery amount and repayment period. Providing the requested information is voluntary, but failure to provide the information may result in a denial of waiver. Information provided on this form will become part of the respondent's case file. The information is protected under the Privacy Act and may be shared in connection with routine pursuit of the overpayment by DOL with private collection agencies under contract with DOL or the Department of Justice or Treasury.

Authorizations:

Section 8129(b) of the Federal Employees' Compensation Act of 1916, as amended (5 USC 8129(b)), and
Section 413(b) of the Federal Mine Safety and Health Act of 1977, as amended (30 USC 923(b)).

EVERYONE MUST COMPLETE PART I, PART II, AND PART V,
COMPLETE THE FOLLOWING PARTS ONLY IF MARKED: ☐ **PART III** ☐ **PART IV**

Part I - Possession of Overpayment (to be completed by all applicants for waiver)

1. Do you have any of the incorrectly paid checks or payments in your possession?

☐ Yes ☐ No

If "Yes", show the total amount: $_____. (These funds should be returned to the U.S. Department of Labor immediately).

2. Since you were notified of the overpayment, have you transferred by loan, gift, sale, etc. any property or cash? ☐ Yes ☐ No

If "Yes", explain:

Public Burden Statement

We estimate that it will take an average of 60 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Director, U.S. Department of Labor, Office of Workers' Compensation Programs, Room S-3524, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.**

Part II - REFUND QUESTIONNAIRE
(To be completed by the person for whom repayment of the overpayment would cause undue hardship)

3. List your monthly income (Including any income of your spouse or any dependent relative living in the household with you) from:	Monthly Income
Social Security Benefits	$
Supplemental Security Income Payment	$
State or Local Welfare Payment. Specify:	$
Other benefits, such as Veterans Administration, Civil Service, Unemployment, Black Lung, FECA, Railroad, Private Pension, etc. Specify:	$
Earnings (take-home wages and average net earnings from self-employment). Specify:	$
Other income, such as dividends, interest, rentals, roomers or boarders, etc. Specify:	$
Total Monthly income	$

4. Do you support, either fully or in part, anyone other than yourself? ☐ Yes ☐ No
If "Yes", give the following information about each person you support:

Name	Address	Age	Relationship To You (If None, Enter "None")

5. List the usual expenses of your household on a monthly basis	Monthly Payment
Rent or Mortgage, including Property Tax	$
Food	$
Clothing	$
Utilities (electricity, gas, fuel, telephone, water)	$
Other expenses (Such as: Miscellaneous household expenses, medical and dental care (not covered by insurance), automobile expenses or other transportation costs, personal necessities.)	$

Other Debts Being Paid By Monthly Installments

Creditor	Amount Owed	Monthly Payment
		$
		$
	Total Monthly Expenses	$

6. Not counting your home, family automobile, or household furnishings, do you or your spouse own any valuable property or real estate? ☐ Yes ☐ No

If "Yes", specify and give current market value. If mortgage, show amount of mortgage.

7. List below any funds you have (including those of your spouse, if you live with your spouse):

a. Cash on hand	$
b. Checking account balance	$
c. Savings account balance	$
d. Current value of any stocks and bonds	$
e. Value of other personal property and other funds	$
TOTAL	$

f. Name of stocks and bonds you have (use separate sheet if space is insufficient).	g. Name and address of financial institution (s)

PART III - WITHOUT FAULT STATEMENT

8. Explain fully why you thought the incorrect payment was due you and why the overpayment was not your fault:

9. Did you report the change in circumstances which affected your monthly payment? ☐ Yes ☐ No ☐ There was no change
If "Yes", when did you report? (Give date):

If "No", why didn't you report?

10. When were the conditions under which you could receive payments first explained to you?

11. Do you NOW fully understand reporting responsibilities? ☐ Yes ☐ No If "No", explain:

PART IV - REPRESENTATIVE PAYMENT MADE
(to be completed ONLY by a representative payee)

12. Give the name and present address of the person for whom you received payment:

13. Were the incorrect payments used for this person? ☐ Yes ☐ No

Explain:

PART V

14. Remarks (optional):

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Federal Coal Mine and FECA Acts commits a crime punishable under Federal law and/or State law. I affirm that all information I have given in this document is true.

(Signature of Overpaid Person or Representative Payee)

(Date - Month, day, year)

(Telephone Number)

Mailing Address (Number and Street, Apt. No., P.O. Box, Rural Route)

City and State	ZIP Code	County (if any) in which you now live: